

Log 787

NATIONAL TRANSPORTATION SAFETY BOARD
WASHINGTON, D.C.

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Forwarded to:
Honorable John L. McLucas
Administrator
Federal Aviation Administration
Washington, D. C. 20591

SAFETY RECOMMENDATION(S)
A-77-5 through 8

During the National Transportation Safety Board's Investigation of several recent accidents, problems were discovered regarding the medical certification procedures of airmen. These problems demonstrate nonadherence to 14 CFR 67 as well as a lack of quality control by Aviation Medical Examiners and the FAA's Civil Aeromedical Institute (CAMI). The problems concern the issuance of a medical certificate to a pilot with deficient corrected vision; the responsibility of medical certificate applicants to inform the medical examiner of certain restrictions governing their previous medical certificate (statement of demonstrated ability (SDA)); and inadequacies in the administration of hearing tests.

During its investigation of a fatal midair collision near Huntsville, Missouri, on July 24, 1976, the Board found that the pilot of one of the aircraft had been issued an SDA in 1969 and again in 1971 for deficient corrected distant vision in his right eye. His 1975 third-class medical examination showed a further deterioration to his corrected distant vision in his right eye to the extent that the vision loss exceeded the maximum loss permitted by 14 CFR 67.17(b)(1). The pilot was issued a third-class medical certificate despite his deficient vision and without a new waiver. In this case, CAMI failed (1) to adequately review the pilot's application with respect to the deficient vision test, which was disqualifying and which required a new waiver, and (2) failed to notice that the pilot had not included the serial number from a previously issued waiver on the 1975 medical application although he had checked the block on the form provided for this purpose. Furthermore, the quality control function of CAMI failed in 1971 when it was shown on the SDA that this pilot had deficient left-eye vision when, in fact, it was his right-eye vision that was deficient.

Since it is not noted on a medical certificate that an airman has previously been issued a waiver, it is incumbent upon him to make the examining physician aware of the waiver. During informal discussions with the Federal Air Surgeon's staff, the Board has learned that there have been instances where applicants have not told AME's that they possess a waiver. Thus, the AME is not aware that the applicant is withholding information on a disqualifying medical problem. The Safety Board believes that information relative to any waivers should be contained on the medical certificate of all applicants for medical certification.

During the Safety Board's investigation of the Alaska Airlines B-727 accident at Ketchikan International Airport, Ketchikan, Alaska, on April 5, 1976, a review of the flightcrew's medical records showed that, before this accident, the captain was given a hearing test, which consisted of determining his ability to hear whispered speech from a distance of 15 feet during his first-class medical examination. The medical examination form shows no explanation for using 15 feet instead of 20 feet, which is required by 14 CFR 67.13(c)(1)(i). The FAA Guide for Medical Examiners specifies that, if an applicant fails the 20-foot test, he must be given an audiometric hearing test.

On July 23, 1976, this captain was administered an audiometric hearing test which revealed that he had a hearing impairment disqualifying for a first-class medical certificate.

In order to ascertain if other air carrier pilots were administered the whispering test at distances other than the specified 20 feet, records of pilots involved in nine accidents from June 1971 to June 1976 were reviewed. The review disclosed that, of the 24 pilots involved in the accidents who had first-class medical certificates, 13 had been given a whispering test from 15 feet. Two pilots had been given audiometric tests following 15-foot whispering tests. One pilot's medical application had the comment "normal" in the space provided for the results of the hearing test.

The Safety Board believes that the current method of using the medical examiner's whispered voice to test an applicant's hearing cannot assure validity. Variables of the test include the background noise level in the examining room, the tonal quality of the whispered words, the examiner's difficulty in maintaining a constant volume throughout the test, and the examiner's voice inflections of the whispered words. The Board believes that audiometric tests will help the FAA to better identify those pilots who are medically disqualified because of a hearing impairment.

Therefore, the Safety Board recommends that the Federal Aviation Administration:

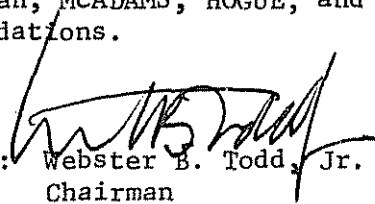
Develop procedures that would enhance the quality control functions at the Civil Aeromedical Institute with respect to the medical certification of airmen. (A-77-5.) (Class II - Priority Followup)

Issue a Federal Air Surgeon's Bulletin to emphasize to the aviation medical examiners the need for quality control and the need for adherence to the provisions of 14 CFR 67 and the Guide for Aviation Medical Examiners. (A-77-6.) (Class II - Priority Followup)

Amend 14 CFR 67 to require that all applicants for first- and second-class medical certificates be administered periodically an audiometric hearing test. (A-77-7.) (Class II - Priority Followup)

Require that all medical certificates be annotated appropriately when that certificate is governed by a statement of demonstrated ability. (A-77-8.) (Class II - Priority Followup)

TODD, Chairman, BAILEY, Vice Chairman, McADAMS, HOGUE, and HALEY, Members, concurred in the above recommendations.


By: Webster B. Todd, Jr.
Chairman

THIS RECOMMENDATION WILL BE RELEASED TO THE PUBLIC ON THE ISSUE DATE SHOWN ABOVE. NO PUBLIC DISSEMINATION OF THE CONTENTS OF THIS DOCUMENT SHOULD BE MADE PRIOR TO THAT DATE.

